

Apostille or Certificate of Authentication Request Form

Only
Use
Office
For
Вох
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(Only for previously submitted documents)

NAME OF COUNTRY REQUESTING THE DOCUMENT:					
REQUESTOR INFORMATION					
FIRST NAME:	_LAST NAME:				
ADDRESS:					
CITY:	_STATE:	_ZIP CODE:			
PHONE NUMBER:	_EMAIL:				
Mailing information (if different than above)					
FIRST NAME:	_LAST NAME:				
ADDRESS:					
CITY:	_STATE:	_ZIP CODE:			
THE FEE IS \$15.00 PER DOCUMENT (
	A DOCUMENT CAN BE	MORE THAN ONE PAGE)			
THE FEE IS \$15.00 PER DOCUMENT (A DOCUMENT CAN BE _ X \$15.00 PER DOCUM	MORE THAN ONE PAGE) MENT =			

Mail completed form and payment to:

Secretary of State
Apostille and Certificate Program
801 Capitol Way S – PO Box 40228
Olympia, WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Apostille and Certificate Program website at www.sos.wa.gov/corps/apostilles/ or call 360-725-0344.